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*Puerperal Mania.**

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Pregnancy ought to be a normal condition in females, but in many cases it is rather to be regarded pathologically than physiologically. Their education, training, and hereditary tendencies are largely in contravention of the natural laws of reproduction and the generation of human life. They not infrequently enter the marital state without a proper consideration of its duties and relations to the great question of maternity.

The generative functions have mysteries of which the woman has no personal knowledge, and which the future evolutions of her life can explain. She has married because her nature has prompted her to do so, but as to the motives influencing her action, she can give no specific reason.

Perhaps, fear of becoming an old maid, or of being left an orphan, or the appearance of a gentleman of pleasant manners, or the acquisition of property, has induced her to accept the relation of a wife with the studied purpose of not becoming a mother if she can possibly avoid it. With her, pregnancy is the purgatorial state of married life; she is willing to do all sorts of penance if, happily, she may escape it.

She is like the boy who cried for the aloes when he saw others taking them; but no sooner were they down than he cried to get rid of them. She has married without accepting its legitimate results. All sorts of methods are resorted to to prevent the natural result of nature's great first law; sooner or later, if health be not immediately destroyed, preventive measures fail and pregnancy ensues. Having no adequate conception of the essential character of the presence of children in order to the constitution of a happy and prosperous home, they too often resort to attempted abortions, which are sure to impair health, exhaust vitality,

*In the preparation of this article I have availed myself of the use of information obtained from the writings of Doctors Rigby, Tuke, Ramsbotham, Gooch, Haslam, Hall, Frerichs, Meadows, Esquirol, Simpson, Churchill, and Reynolds, and have introduced such original matter as my judgment has approved. To produce an essay wholly original on so important a subject within the domain of medicine would not be anticipated by gentlemen learned in the profession. If I have used freely the formulated thoughts of other men, it has been for the reason that I have approved them as superior to my own.

eliminate conscience, and render them reckless of the observance of such hygienical rules and regulations as are necessary in order to the safe, healthy, and joyous entrance to the state of motherhood. The result is what might have been expected: labor comes on without the requisite strength for a safe delivery, and there is consequently a high cerebral excitement, which, complicated with other physically abnormal conditiens, wreck both body and mind, and the result is the concentration of those cachectic conditions into puerperal convulsions, mania, or some other of the many ills incident to such conditions.

The causes are varied and complicated. In all probability there are no two cases arising from precisely the same causes, and consequently we are not surprised at the difference in their manifestations and the necessity of varying the treatment in individual cases.

Puerperal mania usually occurs within three weeks after parturition, and is more frequent in *primiparae.* In some cases the disease occurs at the time of weaning, as the result of weakness, superinduced by the reaction incident to exhaustive lactation. The disease results, perhaps, from no one of the usually assignable causes, except in those cases where there are hereditary tendencies and predispositions; and these latent fires might forever slumber but for the occurrence of unfavorable conditions of a physical and mental character. The cerebral excitement incident to child-birth is the exciting cause which fires the latent combustible material, leveling the fair structure of mind and matter in one common ruin. Whenever such hereditary predisposition exists it is sure to be set ablaze by any great shock to the nervous system, whether arising from circumstances external or internal: such as puberty, pregnancy, parturition, or suppressed menstruation. The causes are both predisposing and exciting.

The hereditary tendency is the principal predisposing cause, and appears in about one-half the cases. Unmarried women who are depressed by a sense of their degradation are said to be more susceptible to the mania than others. There are numerous exciting causes, such as *anaemia*, sudden mental shock, hemorrhage, poor diet, disease of *uterus*, *prolapsus uteri*, suppression of menses, weakness, and mental emotion. Dr. Bedford believes puerperal mania to be due to certain agencies acting on the sexual system, and the subsequent reaction of this system on the nervous mass. A high degree of sensibility of the *genitalia* contributes to the production of the mania. The clinical history of the disease shows conclusively that an unhealthy or displaced condition of the generative organs is causative in a high degree. Dr. Vanderhook had a case

which recovered as soon as the uterus was restored to its proper position. Others eminent in the profession have had a similar experience; when the uterus was properly adjusted the mania disappeared; but when it prolapsed the mania returned. Dr. Reynolds records two cases of two years' standing which disappeared with the cure of *prolapsus uteri*. Dr. Churchill emphasizes uterine complications. They are not only causative, but they have their weight in making up our prognosis of the disease.

Women who become insane on becoming *encieute* evidently do so from the weighting down of the uterus. The reflex action, excited by irritation incident to so much pressure, superinduces the disease. If labor should occur during the progress of typhus or typhoid fever, pneumonia, or acute rheumatism, puerperal mania may be developed; and this is all the more probable if there be hereditary tendencies.

Dr. Simpson supposes some possible connection between puerperal mania and albuminuria; and judging from the fact that the mania is, in some cases, preceded by convulsions, the theory appears probable, though not absolutely certain, the weight of testimony, however, being in its favor. Dr. Frerichs thinks that an excess of urea in the blood does not necessarily act as a toxemic agent on the nervous system. This may be true; it is hardly probable that it does in *all* cases, but it may in some; and, if so, Dr. Simpson's position holds good. It is difficult to estimate just what the effect in all cases of the introduction of septic agents would be under all circumstances, but more especially so at the period of confinement when the blood is in a state of ferment, and the brain excited to its highest degree of activity. Certain moral conditions were believed by Esquirol to be the cause of more than half the cases of puerperal mania, and this opinion is supported by the statement that it occurs more frequently in the unmarried women than in the married, in proportion to the number bearing children. This may be acconted for in some measure on the ground that this class of women are without adequate protection and provision, so that it is not absolutely certain that the moral cause is the specific reason. So far from this, it rather confirms the theory that it is a disease of weakness and debility. There is no doubt, however, but what the moral cause enters into the make-up of the destructive forces which, taken together, overwhelm the frail sufferers with an avalanche of ills from which it is difficult to recover. The symptoms are sometimes dependent upon a disordered condition of the intestinal secretions (Meadows), and are due to the influence of in-

testinal irritation and loss of blood (Dr. Hall). The first symptoms (Dr. Haslam) of the approach of this disease after delivery is want of sleep; the countenance becomes flushed; a constrictive pain is often felt in the head; the eyes assume a morbid lustre and wildly glance at objects in rapid succession; the milk is afterwards secreted in less quantity, and, when the mind becomes more violently disordered, it is entirely suppressed. The manner of the patient is anxious, temper irritable and mind suspicious, not infrequently questioning the motives of her nearest and dearest friends, and charging them with the vilest treachery. The pulse increases in rapidity, and there is a corresponding rise in temperature, which are indicative of the most serious results. Dr. Leishman has known a number of cases of recovery where the pulse had been maintained for days at over 120 per minute.

The temperature in acute cases is usually from 101 to 105 degrees, while in *melancholia* there is but little variation from the normal standard. The digestive functions are always deranged, the bowels constipated, urine scanty and highly colored, nutrition greatly impaired; and, in many cases, the patient is not inclined to take nourishment—sometimes, however, eating voraciously when not observed. "She realizes that she is under the control of some mysterious power" which is to her as painful as it is incomprehensible. Dr. Gooch has observed the appearance of cataleptic symptoms associated with it. Dr. Ramsbotham furnishes a graphic and comprehensive analysis of the symptoms.

"There is nearly always at the commencement a troubled, agitated, and hurried manner, a restless eye, and unnaturally anxious, suspicious, and unpleasing expression of face; sometimes it is pallid, and at others more flushed than usual; an unaccustomed irritability of temper and impatience of contradiction; a vacillation of purpose, or loss of memory; sometimes a rapid succession of contradictory orders are issued, or paroxysm of excessive anger is excited, about the merest trifle.

"Occasionally one of the first instances will be a sullen obstinacy, or listless and stubborn silence. The patient lies on her back and can by no means be persuaded to reply to the questions of her attendants; or, she will repeat them as an echo, until, all at once, without any apparent cause, she will break out into a torrent of language more or less incoherent, and hard words will follow each other with surprising rapidity. The symptoms will sometimes show themselves rather suddenly on the patient awakening from a disturbed and unrefreshing sleep, or they may supervene more slowly when she has been harassed with watchfulness for three or four previous nights in succession, or, perhaps, ever since her delivery. She very likely becomes impressed with the idea that some evil has befallen her husband, or that her child is dead or stolen, and, if brought to her, she cannot be persuaded that it is her own; or she will fancy that

her husband is unfaithful to her, or that he and those about her have conspired to poison her. Those persons who are the objects of her most devoted affection are looked upon by her with jealousy, suspicion, and hatred. This is most particularly the case with her new-born infant, and attempts are frequently made to destroy it when left incautiously in her power. Sometimes, though rarely, may be observed a great anxiety about the termination of her own case, or a firm conviction that she is speedily about to die.

"I have upon several occasions seen a constant movement of the lips while the mouth was shut, or the patient is incessantly rubbing the inside of her lips with her fingers, or thrusting them far back in her mouth; and, if questions are asked, and particularly if she be desired to put out her tongue, she will often compress her lips forcibly together, as if with an obstinate determination of resistance."

The chronic form, or *melancholia*, begins to manifest itself about the sixteenth or seventeenth day after parturition, and is characterised by a loss of interest in her child and a gloomy expression pervading her features, indicative of the feeling of despair. Without any perceptible cause she gives way to silent weeping, without seeming to desire sympathy, the sadness becoming more and more prfound. No affection whatever is exhibited for her child; she remains silent and makes no response to its cries. She is apparently out of harmony with everything about her, and, if a Calvinist, fancies that she has sinned away her day of grace, or that Christ never died for her. All her imaginations are of a melancholy character.

Death is not so much to be feared as permanent insanity. A striking resemblance to other forms of chronic insanity, with a predominance of a melancholic type peculiar to puerperal mania. Dr. Gooch has well said, "mania is more dangerous to life, melancholia to reason." In hereditary cases there is evidently a tendency to a recurrence of the malady. As to the inflammatory character of the disease, where doctors differ, who shall decide? Dr. Leishman discards the idea of inflammation as pathognomonic of puerperal mania, and claims without hesitation that it is a disease of exhaustion; and, in support of his opinion, states that the occurrence of the malady is more frequent in exhausting and operating cases. The fact of patients fainting after the smallest loss of blood demonstates the fact that it is a disease of weakness.

It does not follow, however, as a consequence, that there is no inflammation for the reason that it may occur in both extremes of anemia and hyperemia.

The disease is more or less complicated with puerperal fever, and there is, doubtless, more or less inflammation entering into the make-up of the

disease. Dr. Gooch's statement that it "is not one of congestion or inflammation, but one of excitement without power" may hold good in uncomplicated cases if such there be. It is to be differentiated from *phrenitis* by the absence of that hard, full, bounding pulse, the intolerance of light and sound, the excruciating pain in the head, vomiting, and the suffusion of the eyes, all of which are usually present in a marked degree as *phrenitis* and are absent in mania.

"From low fever it is distinguished by the history and progress of the case, and by the greater preponderance of the nervous as compared with the general constitutional disturbance."

All sources of irritation should be removed. The nervous system should be quieted; and for this purpose hydrate of chloral in from 10 to 20-grain doses may be given. Chloroform mixed with the spirits of ether, administered by inhalation, may be used to great advantage. Dr. Rigby recommends the use of antimony in combination with calomel and ipecacuanha. This preparation would be so active that the patient would not be depressed with nausea while the bowels would be effectually purged. After securing relief from constipation she will be apt to fall asleep, perspire freely, and wake up refreshed. I confess to some prejudice, however, against the use of the antimony; the name of Dr. Rigby, however, would justify the experiment. Liquor of the acetate of ammonia in two-dram doses after relieving the bowels would have an excellent effect as a diaphoretic. If the temperature should be rising, with further indications of constipation, with quickened pulse and increased temperature, the combination of aconite, veratrum viride and hyoscyamus would be indicated, and its use ought to be persisted in untilthe pulse and temperature have been reduced to their normal condition. Cannabis Indica has been used successfully. It might be taken with bromide of potash. These in combination would have an excellent effect. If there is spasmodic action of a violent character, dilute hydrocyanic acid in five-minim doses might be given every two hours until its effects are secured. This remedy, however, should be used with the utmost caution, if used at all. Dr. Gooch found camphor of great value. It should be taken with hyoscyamus in five-grain doses of each. In constipated conditions of the bowels magnesia, infusion of senna and tincture of jalap may be used:

R. Syrup Magnesia.....℥ss.
Infusion Senna.....℥ii.
Tincture Jalapa.....℥ss.
M. S. Take in water.

If this dose does not act within an hour, repeat the dose.

A Dover's powder in warm water may frequently be used to advantage. The most agreeable remedies available, however, should be used. The patient should be annoyed as little as possible, without being neglected. Much will depend upon the nursing and the supporting treatment. Easily digestible and good nourishing food should be given: such as good fresh milk, well-cooked corn starch, boiled eggs (not too hard), flour boiled in sweet milk, beef tea, jellies, and such other easily digestible diet as may be indicated.

I would avoid, however, the use of opium and alcoholic stimulants, for the reason that they have a tendency to augment cerebral action to too great an extent, and thereby increase the maniacal symptoms. Alcohol and opium have been the prolific cause of more insanity than, perhaps, all other causes combined, and are not indicated in this malady.

Many, however, eminent in the profession recommend opium in large doses. Another objection to its use is its tendency to constipate the bowels. Let those use it who wish; I would not. Chloral hydrate and bromide of potash will answer all the purposes for which opium is recommended and with better physical, mental, and moral effect. Its use, however, ought to be guarded. The prophylactic treatment is most important. In families where it is hereditary, marriage should be interdicted. Its object is largely the production of children and the world would be just as well off without the assistance of these incompetent persons multiplying as they certainly can not "replenish the earth." In such cases the stock has so deteriorated that they may be excused if they acquiesce in the theory of a survival of the fittest and do not further encumber posterity with their weaknesses.

Where such persons *have* married, everything possible should be done to make life pleasant and agreeable. Excesses of all kinds should be avoided, and during the period of pregnancy sexual relations should be dispensed with. The food should be all that is desired, nourishing and easily digestible. The bowels should not be neglected. The greatest care should be observed to keep the organs of generations in their proper positions, and to see that they are healthy and normal in all respects. She should be entirely free from anxious care and should be surrounded with intelligent and agreeable associations.

The services of a good physician should be engaged who could render her at any moment the requisite assistance. If these things are all attended to and the husband is a man of sense, as all married men ought

to be, and regards the advice of a physician, she will pass through her confinement safely and successfully. Dr. Gooch's experience in the London Hospital did not favor the theory of any special liability to a recurrence of the disease. The general impression of physicians eminent in the profession is that there are inherent tendencies to a recurrence of the mania. Dr. Tuke reports his cases recurrent in the ratio of fifteen to seventy-five.

Let this be as it may, every possible prophylactic measure should be used. The longer sexual relations are suspended in cases likely to be recurrent, the better will be the physician's opportunity for building up the health of his patient. The periods of labor should be just as widely separated as possible; in fact such persons as above indicated should not have children at all. The prognosis in *Puerperal Mania* ought not to be difficult except where there are complications. About two-thirds of the cases recover; and, with proper treatment, a much larger percentage would doubtless do so. Where the pulse is rapid and the temperature rises sudenly, the results are to be feared, and more especially so in those cases where it is hereditary. Dr. Hall says where blood is drawn the patient will die, if otherwise most puerperal cases of mania will issue well.

In those cases which Dr. Gooch has seen terminate fatally, the patient has died with symptoms of exhaustion, and not with those of compression of the brain, with one exception. Dr. Meadows has had the same experience, "death seemed the direct result of exhaustion consequent upon the violence of the delirium and the maniacal excitement and the utter impossibility of procuring any sleep; or if sleep *was* procured it seemed to end only in the sleep of death." "Within three weeks (Dr. Tuke) or more, frequently earlier, the mania gradually subsides and is replaced by a state of *dementia;* this gradually disappears, leaving a haziness of apprehension and a state suggesting waking from a dream. The patient can now be induced to work and otherwise employ herself; and from that moment you may look with almost certainty to ultimate recovery."

Where it is hereditary, *dementia* of a more serious character ensues and permanent insanity may be the result. If the disease is not hereditary, but originates in transient causes, there need be no considerable alarm. In such cases they are traceable to causes which may be avoided and recovery, with proper care, be expected. If the cause is removed in time the effect will cease.

The patient, however, in all cases must have nourishing food and sleep, or *death*, to say nothing of permanent insanity, is inevitable.